ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID. NO.	DATE
FEE DETERMINATION	MD		02-14
O.I.P.E. CLASSIFIER		10	2-19-02
FORMALITY REVIEW	B	S3r	03-05-02
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔ .... Rejected		N ...... Non-elected
= .... Allowed		I ...... Interference
— (Through numeral)... Canceled		A ...... Appeal
÷ .... Restricted		O ...... Objected

Claim (Final/Original)	Date	Claim (Final/Original)	Date	Claim (Final/Original)	Date
1		51		101	
2		52		102	
3		53		103	
4		54		104	
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9		59		109	
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34		84		134	
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42		92		142	
43		93		143	
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46		96		146	
47		97		147	
48		98		148	
49		99		149	
50		100		150	

If more than 150 claims or 10 actions
staple additional sheet here

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